

November 3, 2006

Patricia N. Daniels, Director
Supplemental Food Programs Division, FNS/USDA
3101 Park Center Drive, Room 528
Alexandria, VA 22302

Docket ID Number: 0584-AD77-WIC Food Packages Rule

Dear Ms. Daniels:

I am writing to express support of the Washington State WIC Nutrition Program for the proposed rule to change the Special Supplemental Nutrition Program for Women, Infants and Children food packages. We strongly support the intent of the changes in the proposed rule, which is a significant step forward to improve the overall health of WIC mothers and children, contributing to reductions in obesity and other diet-related chronic diseases.

The key points of our comments are summarized below, listed by content area. A table listing comments in more detail, in addition to other areas of support or concern, is attached.

Food packages and foods

- We support the changes proposed in food package II. However, we recommend the amount of infant cereal be reduced.
- We support the addition of commercial infant food fruits and vegetables, and fresh bananas in food package II.
- We support the proposal not to allow low-iron formula through the WIC program.
- We support the clarification that state agencies would not require verification of vitamin C content for 100 percent citrus juices.
- We support all other changes in food package IV through VII, except as noted in the 8 items below.
- We recommend single-grain corn and rice cereals be included, and that certain adult cereals be added for finger foods for developmentally-ready infants.
- We urge FNS to allow states to expand the list to of fruits and vegetables in food package II to include fresh, frozen or other canned fruits and vegetables.
- We urge FNS to reconsider the addition of yogurt in quarts as a milk alternative.
- We urge FNS to establish an alternative minimum nutrient standard for soy beverages.
- We urge FNS to use this opportunity to recognize breastfeeding as a cost containment measure and to allow for conversion of food fund savings to Nutrition Services and Administration when supported by high breastfeeding rates.

- We urge FNS to revise regulations regarding client sanctions to include wording in support of group-based food delivery systems.
- We urge FNS to clarify ages for different infant food packages.
- We oppose requiring medical prescriptions for non-dairy sources of calcium and additional cheese in food packages IV through VII.

Fruits and vegetables

- We enthusiastically support adding fruits and vegetables to the WIC food package.
- We recommend FNS allow clients to pay the difference when their purchase exceeds the coupon cash value, as one option to simplify redemption.
- We recommend inclusion of white potatoes, which are similar to bananas, parsnips and turnips in nutrient content. Excluding them adds complexity of administering this benefit and will cause confusion at the check-out stand.
- We urge FNS to allow state agencies to determine the dollar denomination on the cash-value food instruments.
- We urge FNS to allow states to utilize existing Farmers' Market Nutrition Program vendor selection and coupon redemption procedures.

Infant formula food packages

- We support the three infant feeding options for ages 2-5 months, but recommend FNS allow the Certified Professional Authority to tailor the infant formula food package during the first month of life.
- We recommend the amount of infant formula and infant foods be rounded up or down and given at the same level each month, to simply processing significantly.
- We urge implementation of the three food packages concurrently, and oppose piloting the partially breastfeeding food package changes.
- We strongly oppose the proposed rule that the mother must choose either a full formula food package or a breastfeeding food package and no formula. We are concerned this rule will have adverse effects on the WIC client's interest in and ability to breastfeed.

Medical documentation

- We are concerned the proposed requirement of WIC staff to receive medical documentation prior to providing food packages containing soy-based beverages, tofu, and additional cheese will create barriers to those clients for whom the consumption of these foods may be a cultural/personal preference. We oppose the requirement because the preference is often not a medical issue, the requirement is costly in terms of time and use of the health care system, and it undermines WIC's efforts to provide culturally appropriate foods. Number of populations obtain these foods due to cultural preferences, and not medical need.

Medical formulas / foods

- We recommend limiting medical foods supplied by WIC to pediatric formulas which are nutrient dense beyond one year of age. Because the administration of medical

- foods is a very complex solution for a very small percentage of WIC clients (less than 2% of all clients), we would urge you to reconsider the inclusion of all medical foods.
- If FNS does include medical foods, we urge the maximum monthly amount be determined by a nutritional assessment by a qualified dietitian with approval of the client's medical provider.

Timeline for implementing juice elimination

- We recommend the juice elimination be included in the same timeline as the other proposed changes. Implementing one change ahead of a large number of others is inefficient and unnecessarily complicates training of staff and clients.

The Washington State WIC Program urges publication of a final rule by spring of 2007 to assure a timely start in implementing the rule's invaluable changes. We also urge that a longer implementation period be reconsidered to account for necessary changes in automation systems, development of new policies and procedures, and training of staff and retailers. In addition, because these changes are so important to the health of women, infants and children, we request FNS move forward regardless of cost neutrality, and consider supporting implementation by developing a glossary of key words and phrases in multiple languages that can be used by all states.

Thank you for the opportunity to comment on the proposed rule. The long-term benefits of providing participants with fruits and vegetables, lower fat dairy products and whole grains, as well as additional incentives for fully breastfeeding women will greatly aid WIC in improving the life-long health of our most vulnerable women, infants and children.

Sincerely,



Janet Jackson Charles, MSW
Director, Washington State WIC Nutrition Program

CC: Mary Selecky, Secretary, Washington State Department of Health
Patty Hayes, Assistant Secretary, Division of Community and Family Health
Lincoln Weaver, Director, Office of Community Wellness and Prevention
Chris Townley Policy, Legislative and Constituent Relations
Brian Peyton Policy, Legislative and Constituent Relations
Michelle Davis, Policy, Legislative and Constituent Relations

Attachment: "Washington State WIC Nutrition Program: Expanded Comments"

**Attachment: Washington State WIC Nutrition Program:
Expanded Comments
Docket ID Number: 0584-AD77-WIC Food Packages Rule**

1.	<p>Food Package II – Infants 6 through 11 months - 246.10(e)(2)</p> <p>We support the changes proposed in food package II. However, we recommend the amount of infant cereal be reduced, and support adding certain adult cereals for finger foods for developmentally-ready infants. Our experience indicates most infants do not consume the volume of infant cereal WIC provides. This presents is an opportunity to reduce food costs without affecting clients' nutrient intake.</p>
2.	<p>Food Package II - Infant fruits and vegetables - 246.10 (c) (1) and (c) (2) B7a</p> <p>We support the addition of commercial infant food fruits and vegetables, and fresh bananas in food package II.</p>
3.	<p>Infant formula</p> <p>We support the proposal not to allow low-iron formula through the WIC program.</p>
4.	<p>Juice</p> <p>We support the clarification that state agencies would not require verification of vitamin C content for 100 percent citrus juices. This reduces an administrative burden and avoids additional expense for development of client and staff education materials.</p>
5.	<p>Whole wheat bread or other whole grains</p> <p>We recommend that single-grain corn and rice cereals be included. These cereals are necessary for participants with special conditions, such as those allergic to wheat or gluten-intolerant. Making these cereals available to all clients minimizes confusion at the check-out stand.</p>
6.	<p>Infant fruits and vegetables - 246.10 (c) (1) and (c) (2), B7a</p> <p>We urge FNS to allow states to expand the list to include fresh, frozen or other canned fruits and vegetables. This addition will support parents in progressing textures and appropriate feeding skill development for infants. It would also reduce the risk of parents limiting or restricting the infant's feeding development by only feeding commercially processed strained foods through the first year of life.</p>
7.	<p>Cow's milk</p> <p>We urge FNS to reconsider the addition of yogurt in quarts as a milk alternative. The cost of yogurt is less than Lactaid milk in most markets and is</p>

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Docket ID Number: 0584-AD77-WIC Food Packages Rule

	culturally more acceptable to many WIC families.
8.	<p>Soy-based beverage</p> <p>We urge FNS to establish an alternative minimum nutrient standard for soy beverages. Currently no calcium-fortified soy beverages in the marketplace meet the proposed nutrient standard of 8 grams of protein and 349 milligrams of potassium per 8 ounce serving. We recommend the specifications for protein and potassium in calcium-fortified soy beverages follow the FDA and industry standards for protein, at 6.25 grams minimum and for potassium at 250 milligrams per 8 ounce serving. Since protein is no longer a priority nutrient, and the addition of fruits and vegetables contributes to the food package potassium content, this adjusted specification will not adversely affect the nutritional needs of participants who substitute soy beverages for cow's milk.</p>
9.	<p>Cost containment</p> <p>We urge FNS to use this opportunity to recognize breastfeeding as a cost containment measure. We recommend a revision to 7 CR 246.16 and 16a to allow for conversion of food fund savings to NSA when supported by high breastfeeding rates. Breastfeeding reduces or may eliminate clients' purchase of infant formula. This cost savings is most effectively converted to NSA and directed to lactation support. The duration of breastfeeding can be positively impacted with the availability of 24-hour telephone and/or in-home lactation support.</p>
10.	<p>Participant sanctions - 246.12 (u), 246.23(c)(1)</p> <p>We urge FNS to revise <i>Participant violations and sanctions and Claims against participants</i> wording in support of group-based food delivery systems.</p> <p>State agencies and children would be better served if these regulations clearly addressed "caregivers" instead of "participants" when dealing with violations, sanctions and claims. As currently written, these regulations disqualify "participants" – innocent children and infants – from the program due to the caregivers' actions.</p>
11.	<p>We urge FNS to clarify ages for different infant food packages.</p> <p>Some age group terminology is unclear. For instance, page 44815 of the proposed rules states, "during the first month after birth" and "two through five months". It is challenging to determine what applies to infants between the age of one month and two months. To ensure clear policies and effective software we encourage FNS to state ages such as "infants from the first day of their 6th month through the last day of their 11th month."</p>

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Docket ID Number: 0584-AD77-WIC Food Packages Rule

12.	<p>Food Package IV through VII - 246.10(e)(4 – 7)</p> <p>We oppose requiring medical prescriptions for non-dairy sources of calcium and additional cheese for food packages IV through VII. Such a requirement does not respond to personal and cultural preferences and undermines our appeal to diverse populations.</p> <p>We support all the other changes in food packages IV through VII.</p>
13.	<p>We enthusiastically support the addition of fruits and vegetables to the WIC food package.</p>
14.	<p>Implementation of fresh fruit and vegetable options</p> <p>We urge FNS to allow clients to pay the additional cost when their purchase exceeds the cash value (7 CFR 246.12) as one option to simplify redemption. Limiting WIC clients to the value of the WIC benefit for a purchase with such variable cost will add confusion and dissatisfaction at the checkout stand. For example: <i>The WIC check allows the purchase of fruits/vegetables in the amount of \$2.00. The checker weighs the cantaloupe and it costs \$2.10. The client is best served if she is allowed to pay the 10 cents herself rather than to give up another \$2.00 WIC check or return the food item altogether.</i></p>
15.	<p>Implementation of fruit and vegetable options</p> <p>We support the inclusion of white potatoes. White potatoes are similar to bananas, parsnips and turnips in nutrient content. Thus, excluding white potatoes adds complexity in administering this benefit and will cause confusion at the check-out stand.</p>
16.	<p>Implementation of fruit and vegetable options</p> <p>We urge FNS to allow state agencies to determine the dollar denomination on the cash-value food instruments so that states can cost-effectively implement these changes within their individual participant and infrastructure environments. It is essential that state agencies determine the dollar value of the cash-value vouchers in partnership with vendors to assure appropriate redemption levels and to save already tight Nutrition Services dollars. Printing of multiple voucher instruments in small denominations is costly and counter-productive.</p>
17.	<p>Implementation of fruit and vegetable options</p> <p>We urge FNS to allow States to utilize existing Farmers' Market Nutrition Program vendor selection and coupon redemption procedures for authorizing Farmers' Markets to participate in the WIC fruit and vegetable cash-value voucher program. We support the option of authorizing Farmers' Markets as a choice for participants to redeem their cash-value food instruments for fresh</p>

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Expanded Comments**

Docket ID Number: 0584-AD77-WIC Food Packages Rule

	fruits and vegetables.
18.	<p>Food package I for birth through one month - 246.10(e)(1)(i)</p> <p>We recommend FNS allow the Certified Professional Authority (CPA) to tailor the infant formula food package during the first month of life.</p>
19.	<p>Food Package I: Three infant feeding options for ages 2-5 months - 246.10(e)(1)(ii)(B)</p> <p>We support the three infant feeding options for ages 2-5 months, with the exception of recommending a CPA tailor the infant formula food package during the first month of life.</p>
20.	<p>Proposed methodology to round up and disperse infant formula and infant foods - 246.10(h)(1)</p> <p>We recommend infant formula and infant foods be rounded up or down and given at the same level each month. To do otherwise creates an integrity issue, cost for information system modifications, local agency staff time, and additional time for client education.</p> <p>Our current automated system does not have the capacity to vary food quantities among the three months for which we issue checks to most clients. Major information system changes would be required to implement varying quantities.</p>
21.	<p>Pilot to implement the partially breastfeeding food package changes</p> <p>We urge implementation of the three breastfeeding/formula food packages concurrently and oppose piloting the partially breastfeeding food package. Piloting will delay implementation of the food package for a partially breastfeeding woman. We are concerned women will simply choose to formula feed.</p>
22.	<p>The impact of proposed changes on breastfeeding rates - 246.10(e)(1)(i), 246.10(e)(1)(ii)(B)</p> <p>We strongly oppose the proposed rule requiring the mother choose between breastfeeding and no formula, or declaring she is formula feeding in the infant's first month of life. We are concerned that this rule will decrease a WIC client's interest in and ability to breastfeed. A new mother having to choose between no formula or a full package the first month of life will likely choose the formula "just in case". Having substantial amounts of formula ready at hand supports use of formula rather than seeking help with breastfeeding.</p>
23.	<p>Medical documentation - 246.10: (d)(vi)(vii)(viii)</p> <p>While we support the need for medical documentation for non-contract brand</p>

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Expanded Comments**

Docket ID Number: 0584-AD77-WIC Food Packages Rule

	<p>formulas, exempt formulas, medical foods and foods for medically fragile clients, we express concern about requiring medical documentation prior to providing food packages that contain soy-based beverages, tofu, and additional cheese. If WIC limits the availability of these foods to instances of medical necessity, the client is prevented from purchasing these foods based on cultural or personal preferences. Requiring medical documentation is also costly.</p> <p>Furthermore, requiring a “prescription” does not fall under the FDA rules for prescribing medically controlled products.</p>
24.	<p>Maximum monthly allowances for WIC-eligible medical foods</p> <p>We recommend limiting medical foods supplied by WIC to pediatric formulas which are nutrient dense beyond one year of age (e.g. Pediasure, Kindercal, and Resource). Because administration of this benefit is a very complex solution for a very small percentage of WIC clients, we oppose the inclusion of all medical foods. WIC is a preventive health program, focused on primary prevention, not the treatment of disease. Implementing a system for medical food in WIC creates hardship to local staff and clients. Just as we are concerned about requiring a physician to “prescribe” alternate foods such as tofu and soy based beverages, we are concerned about requiring WIC to manage medical foods for medically fragile clients. Clients with such needs should be referred to primary care providers and counseled to seek Medicaid or insurance coverage regarding medical foods administration and cost.</p> <p>If FNS does include medical foods, we recommend the maximum monthly amount be determined through a nutritional assessment by a qualified dietitian with approval of the client’s medical provider.</p>
25.	<p>Six month implementation of the juice elimination from infant food packages</p> <p>We recommend the juice elimination be included in the same timeline as the other proposed changes. Including this change along with a substantial list of other changes is more efficient.</p>
26.	<p>Participant nutrition education</p> <p>We urge FNS to assist states with their training needs by developing a glossary of key words and phrases in multiple languages. Washington WIC routinely translates materials into eight languages. For certain languages like Spanish, numerous dialects are an issue. The English messages must be developed and tested, then translated and tested again for accuracy and clarity. All states will be developing educational messages and translations. A tested glossary of words and phrases will speed implementation nationwide.</p>

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27.	<p>Alternative ways to achieve cost neutrality</p> <p>Washington State WIC offers the opinion that there is no cost neutral way to appropriately update the WIC food package to meet both the nutritional needs and cultural needs of WIC families. However, it is vital that we continue to evolve our authorized foods to truly address the nutritional and cultural needs of WIC families.</p> <p>We urge FNS to move forward with implementation of major food changes regardless of cost neutrality. In the event food funds will not support current service levels, we know the program's priority system assures that clients who are the most in need of WIC supplemental foods will be served first.</p>
28.	<p>Timeline for implementation</p> <p>We strongly recommend FNS to consider a longer period for implementation. The changes needed to Washington's automation system alone could take 18 months, and with subsequent training of clients, staff and retailers, we estimate we may need three years for total implementation if we are to do so without major disruption of other program functions.</p> <p>Specific steps required by the Washington State program for implementation are:</p> <ul style="list-style-type: none"> • Select specific foods, including what, if any, additional rebates may be appropriate, and if possible, do a multi-state bid. • Develop and get federal approval on new policies and procedures. • Adapt our automation system. Not only will extensive changes need to be made in the food packages offered, the addition of a cash benefit requires major reprogramming. Design, development, testing and deployment are estimated to take three years if food instruments (i.e. checks) are used. It will take five years if a form of EBT is used. <p>(Washington State WIC cannot implement EBT without additional funding. EBT is the preferred food delivery option for WIC, especially with the addition of a cash benefit. FNS encourages states to seriously consider EBT in the preamble, yet FNS regional offices state they are not in a position to fully fund WIC EBT. This leaves states with no option but to "fix" their current food delivery system to accommodate a combined food quantity and cash quantity food instrument.)</p> <ul style="list-style-type: none"> • Develop new nutrition education materials for clients, including translating and field testing. In Washington we routinely translate into eight languages. • Train local staff, retailers and clients on the new packages and processes. • Change Washington Administrative Code and retailer contracts.